

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010308

FILED
Jan 06, 2010
Secretary of State

Entity Name: COASTAL MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

667 DELTONA BLVD
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1745 TRAVERTINE TERRACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 06-1827733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCALETТА, MICHAEL E
1745 TRAVERTINE TERRACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SCALETТА, TIMOTHY J
Address: 1530 LAKE RHEA DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: FARBER, STANLEY D
Address: 1440 NORTH CENTRAL AVENUE
City-St-Zip: FLAGLER, FL 32136

Title: D
Name: YOUNG, PAUL C
Address: 9034 LAKE COVENTRY COURT
City-St-Zip: GOTHА, FL 34734

Title: D
Name: SCALETТА, JOAN L
Address: 1745 TRAVERTINE TERRACE
City-St-Zip: SANFORD, FL 32771

Title: D
Name: BALLARD, GINA
Address: 690 HANGING MOSS TRAIL
City-St-Zip: LONGWOOD, FL 32750

Title: CEO
Name: SCALETТА, MICHAEL E
Address: 1745 TRAVERTINE TERRACE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E SCALETТА

CEO

01/06/2010

Electronic Signature of Signing Officer or Director

Date